

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 701039-052287-US	
In re Application of Larry L. Benowitz			
Application Number 10/528,685		Filed July 18, 2005	
For METHODS AND COMPOSITIONS FOR TREATMENT OF NEUROLOGICAL DISORDER			
Group Art Unit 1623		Examiner KRISHNAN, Ganopathy	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and appropriate entity fee are as follows (check time period desired):			
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)		\$65.00	
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)		\$ _____	
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)		\$ _____	
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)		\$ _____	
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)		\$ _____	
<input checked="" type="checkbox"/> Applicant claims small entity status.			
<input type="checkbox"/> A check to cover the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0850</u> . I have enclosed a duplicate copy of this sheet.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record.			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.			
/Shayne Y. Huff/ _____		October 27, 2008 _____	
Signature		Date	
David S. Resnick (34,235) / Shayne Y. Huff (44,784) _____		(617) 345-6057 / 1059 _____	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			